	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					SERIAL NO			FILING DATE	

Form PTO-1360 — Multiple Dependent Claim Fee Calculation Sheet with handwritten date "7-9-01", claims 101–123 (left column) marked as dependent with slashes, TOTAL IND. = 0, TOTAL DEP. = 23, TOTAL CLAIMS = 23.

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

CLAIMS

7-9-07

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP								
1	/		/				51		/		/		
2		/		/			52		/		/		
3		/		/			53		/		/		
4		/		/			54		/		/		
5		/		/			55		/		/		
6		/		/			56		/		/		
7		/		/			57		/		/		
8		/		/			58		/		/		
9		/		/			59		/		/		
10		/		/			60		2		2		
11		2		2			61		/		/		
12		/		/			62		/		/		
13		/		/			63		/		/		
14		/		/			64		/		/		
15		/		/			65		/		/		
16		/		/			66		/		/		
17		/		/			67		/		/		
18		/		/			68		/		/		
19		/		/			69		/		/		
20		/		/			70		/		/		
21		/		/			71		/		/		
22		/		/			72		/		/		
23		/		/			73		/		/		
24		/		/			74		/		/		
25		2		2			75		/		/		
26		/		/			76	/	/	/	/		
27		/		/			77		/		/		
28		/		/			78		/		/		
29		/		/			79		/		/		
30		/		/			80		/		/		
31		/		/			81		/		/		
32		/		/			82		/		/		
33		/		/			83		/		/		
34		/		/			84		/		/		
35		/		/			85		/		/		
36		/		/			86		/		/		
37		/		/			87		/		/		
38		/		/			88		/		/		
39		/		/			89		/		/		
40		/		/			90		2		2		
41		/		/			91		/		/		
42		/		/			92		/		/		
43		/		/			93		/		/		
44		/		/			94		/		/		
45		/		/			95		/		/		
46	/		/				96		/		/		
47		/		/			97		/		/		
48		/		/			98		/		/		
49		/		/			99		/		/		
50		/		/			100		/		/		
TOTAL IND.							TOTAL IND.			/			
TOTAL DEP.			50				TOTAL DEP.			51			
TOTAL CLAIMS			51				TOTAL CLAIMS			52			